

**APPLICATION/UPDATE - PERMIT TO WRITE 2004**  
**GEORGIA STATE BOARD OF WORKERS' COMPENSATION**  
**270 Peachtree Street, N.W.**  
**Atlanta, Georgia 30303-1299**

In conformity with Title 34, Section 34-9-131 of the Code of Georgia, application is hereby made to the State Board of Workers' Compensation for a permit to write Workers' Compensation Insurance under the provisions of the Georgia Workers' Compensation Act.

It is hereby represented that the undersigned applicant has heretofore been licensed by the Insurance Commissioner of Georgia to write workers' compensation insurance, and has complied with the provisions of the laws of the State of Georgia regulating insurance companies.

Pursuant to Code 34-9-131(b)...Upon obtaining said permit, the insurer shall designate and maintain an office in the State of Georgia for the handling of claims or shall designate an agent located in the State of Georgia who shall be authorized to execute instruments for the payment of compensation.

**PLEASE CHECK ACCURACY OF INFORMATION BEFORE COMPLETING UPDATE. IF YOU HAVE QUESTIONS, CONTACT LICENSURE & QUALITY ASSURANCE AT (404) 651-7839.**

**SECTION A: HOME/ADMINISTRATIVE OFFICE (Permit will be sent to this person and address)**

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Name of Carrier (As it Will Appear on Permit)

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Address	City	State	Zip Code
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Contact Person	Title	Toll Free Phone No.
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E-Mail Address for Contact Person

**SECTION B: CLAIMS HANDLING (This office will receive ALL CLAIMS INQUIRIES, both written and telephone and will receive ALL BOARD NOTICES, including notices for hearings, delinquent reports, etc.)**

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Name of Servicing Agent/Third Party Administrator

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Address	City State & Zip
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Contact Person	Title	Toll-Free Phone Number
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E-Mail Address for Contact Person

E-Mail Address for WC Claims Manager

Number of Indemnity Adjusters Handling GA Claims:\_\_\_\_\_ Number of Locations/Offices Handling GA Claims:\_\_\_\_\_

List the location(s) of the offices handling Georgia claims: (Use a separate attachment if you need additional space)

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Mailing Address	City/State/Zip
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Mailing Address	City/State/Zip
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Mailing Address	City/State/Zip
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**SECTION C: GEORGIA AGENT : ( This agent shall be able to execute payment and have check writing authority)**

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Company	Address	City, State, Zip
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Contact Person	Title	Toll Free Phone No.
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The undersigned applicant covenants and agrees with the State Board of Workers' Compensation to be bound in all respects by the Georgia Workers' Compensation Act as embodied in title 34 of the Code of Georgia of 1982, as amended.

Signed this \_\_\_\_\_ day of \_\_\_\_\_,2004.

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**Name of Person Completing this Application (Print or type name, title and Company)**

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<b>Mailing Address</b>	<b>City/State/Zip</b>
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**E-Mail Address of Person Completing this Application**

**Signature:**\_\_\_\_\_ **Telephone Number:**\_\_\_\_\_